

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

3/11
10/25/05

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11721	2. Fiscal Year Covered From 1/01/04 Through: 12/31/04
3. Name and address of person filing. Name Martin OToole P.O. Box, Bldg., Room No., if any Street 1443 GRANDIN AVE City Pgh State PA 15216-2024 ZIP Code + 4	4. Name, file number, and address of labor organization. Name Plumbers Local 27 Labor Organization File Number 016785 P.O. Box, Building and Room Number, if any Street 1040 MONTGOMERY WIND PARK City Coraopolis State PA 15108 ZIP Code + 4
5. Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Martin OToole

On

8-13-05

Date

(412)

563-8328

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State

Z.P Code + 4

9. Business deals with:

a Labor Organization

b Trust

c Employer

10. If 9 b or 9 c is checked give trust or employer's name.

Name

Trade Name, if any

P O Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12 a. Nature of interest held or income received.

12 b. Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Plumbers Local 27
Pension & welfare funds
Trade Name, if any plumber local 27

P O Box, Bldg., Room No., if any

Street 1040 MONTGOMERY WINDY PARK

City CORAOPOLIS

State

PA

ZIP Code + 4 15108

14 a Nature of payment

attended: IFEBP Conference

1066.67 Pension fund

305.60 Lost wages (Pension fund)

305.60 Lost wages (Retirement fund)

1066.67 Retirement fund

1066.67 Health & Welfare fund

305.60 Lost wages (Health & Welfare fund)

4116.81

13 b Is the Business an Employer

or Consultant

X

14 b Amount of payment

4116.81